

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 3
FOR SE OF FORM 24/48

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Mississippi Conservatives | | FEC IDENTIFICATION NUMBER ▼ C C00554774 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | | | |
|--|--------------------|-----------------------------|---|--|--|
| Full Name of Payee Calhoun County Journal | | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014 | | |
| Mailing Address PO Bo 278 | | | Amount 392.92 | | |
| City Bruce | State MS | Zip Code 38915 | Transaction ID : SE.4918 | | |
| Purpose of Expenditure Newspaper Advertisement | | Category/Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014 | | |
| Name of Federal Candidate Thad Cochran | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MS | | |
| Calendar Year-To-Date Per Election for Office Sought 922.12 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ | | |

| | | | | | |
|---|--------------------|-----------------------------|---|--|--|
| Full Name of Payee Deer Creek Pilot | | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014 | | |
| Mailing Address PO Box 398 | | | Amount 315.00 | | |
| City Rolling Fork | State MS | Zip Code 39159 | Transaction ID : SE.4919 | | |
| Purpose of Expenditure Newspaper Advertisement | | Category/Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014 | | |
| Name of Federal Candidate Thad Cochran | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MS | | |
| Calendar Year-To-Date Per Election for Office Sought 1237.12 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ | | |

| | |
|---|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 707.92 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Brian Perry

[Electronically Filed]

Date

MM / DD / YYYY
10 / 23 / 2014

Signature